

IFSP Worksheet (sample)

Family Name: _____

Home Visitor: _____

Please check the services you would like to focus on during the next six months:

- | | |
|--|--|
| <input type="checkbox"/> Information about babies, what they can do/need, how to teach them | <input type="checkbox"/> Personal problems |
| <input type="checkbox"/> Preparing my children for school | <input type="checkbox"/> Family planning, birth control |
| <input type="checkbox"/> Keeping up with my child's immunization and medical care | <input type="checkbox"/> Assistance with drug or alcohol problems |
| <input type="checkbox"/> Toy lending library | <input type="checkbox"/> Feeling better about myself |
| <input type="checkbox"/> How to calm a crying baby | <input type="checkbox"/> Referrals to community and medical services, such as: |
| <input type="checkbox"/> Basic infant care | <input type="checkbox"/> Financial Assistance |
| <input type="checkbox"/> Seeing/meeting my baby's needs | <input type="checkbox"/> Medical Assistance |
| <input type="checkbox"/> Activities to encourage my baby's (child's) development | <input type="checkbox"/> Housing Assistance |
| <input type="checkbox"/> Children's books | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> How to teach my children to respect others and learn "right from wrong" | <input type="checkbox"/> WIC |
| <input type="checkbox"/> How to set limits with my children, how to say "no" and stick with it | <input type="checkbox"/> Education (GED, college) |
| <input type="checkbox"/> Support, someone to talk to | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Disciplining my children | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Assistance in coordinating, getting to and from health care | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Getting out of the house with children | <input type="checkbox"/> Respite child care |
| <input type="checkbox"/> Building my confidence as a parent | <input type="checkbox"/> Preschool |
| <input type="checkbox"/> Domestic violence/family violence | <input type="checkbox"/> Head Start/Early Head Start |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Health care (MD, PHN) |
| | <input type="checkbox"/> Immunizations |
| | <input type="checkbox"/> Reading/literacy |
| | <input type="checkbox"/> Couple /relationship problems |
| | <input type="checkbox"/> Help in solving family problems |
| | <input type="checkbox"/> Transportation |
| | <input type="checkbox"/> Learn to manage time, stress or anger |
| | <input type="checkbox"/> Managing my household |
| | <input type="checkbox"/> Parent support and activity groups and outings |
| | <input type="checkbox"/> Community support (church, friends, etc.) |